

GREETINGS, ETC.

A THOUSAND AMERICANS WILL STOP SMOKING TODAY. . . .

**THEIR FUNERALS WILL BE HELD WITHIN THE NEXT THREE OR
FOUR DAYS.**

**THAT'S THE WAY I HAVE STARTED A NUMBER OF LECTURES ON
SMOKING.**

IT GETS PEOPLE'S ATTENTION.

**I FEEL I HAVE TO SAY SOMETHING DRAMATIC TO GET THEIR
ATTENTION.**

I SHOULDN'T HAVE TO.

**WHAT IS IT ABOUT TOBACCO THAT NUMBS THE AMERICAN
PEOPLE?**

**IF ANYTHING ELSE KILLED 390,000 OF OUR FELLOW-CITIZENS
EACH YEAR, THE PUBLIC WOULD DEMAND ACTION FROM OUR
GOVERNMENT.**

**INSTEAD, TOBACCO HAS, FROM THE BEGINNING, BEEN CODDLED
BY OUR GOVERNMENT.**

**THIS DISTINGUISHED AUDIENCE KNOWS ABOUT THAT, AND AS A
PHYSICIAN AND FORMER PUBLIC HEALTH OFFICER, I DON'T
WANT TO RAISE YOUR BLOOD PRESSURE --OR MAKE YOUR
BLOOD BOIL-- BY REVIEWING THE SORRY STORY IN GREAT
DETAIL.**

**BUT IN A FEW WORDS, I'LL REMIND YOU THAT TOBACCO HAS
BEEN ASSOCIATED NOT ONLY WITH DISEASE AND DEATH, BUT
ALSO WITH MONEY.**

THAT, OF COURSE IS THE REASON FOR ITS SPECIAL TREATMENT.

**TOBACCO WAS THE CASH CROP THAT FINANCED THE AMERICAN
REVOLUTION --THOSE VIRGINIA PLANTERS FETCHED A GREATER
RETURN FOR TOBACCO LEAVES THAN DID THE HARDY NEW
ENGLANDERS FOR THEIR PUMPKINS.**

CONGRESS HAS BEEN HELD HOSTAGE EVER SINCE.

**DESPITE THE SINISTER ASSOCIATIONS, FIRST WITH SLAVERY, AND
LATER WITH CANCER AND HEART DISEASE, AMERICAN TOBACCO
HAS ENJOYED GOVERNMENT PROTECTION.**

**TOBACCO MONEY EXPLAINS THE RELUCTANCE OF CONGRESS TO
TOLERATE ANY REGULATION OF TOBACCO, SO IT HAS BEEN
DECLARED TO BE NEITHER A FOOD, NOR A DRUG, NOR A
COSMETIC.**

**ANY SPEECH ON SMOKING BECOMES A "GOOD NEWS/BAD NEWS"
STORY.**

**THE GOOD NEWS IS THAT WE ARE --AT LAST-- WINNING THE WAR
AGAINST TOBACCO.**

**THE BAD NEWS IS THAT THERE ARE MANY BATTLES STILL TO
FIGHT.**

SOME OF THE MOST CRUCIAL ARE AT THE WORKSITE.

**IN MY FINAL YEAR AS YOUR SURGEON GENERAL I WAS
PRIVILEGED TO COMMEMORATE WITH A SPECIAL REPORT THE
25TH ANNIVERSARY OF THE FIRST SURGEON GENERAL'S REPORT
ON SMOKING.**

THAT FIRST, HISTORY-MAKING REPORT WAS TITLED "SMOKING AND HEALTH: THE REPORT OF THE ADVISORY COMMITTEE TO THE SURGEON GENERAL."

IT WAS RELEASED TO THE PUBLIC ON JANUARY 11, 1964, BY THE LATE DR. LUTHER L. TERRY, A COURAGEOUS PHYSICIAN WHO WAS SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE AT THAT TIME.

**HOW MUCH DID WE REALLY KNOW IN 1964 ABOUT SMOKING AS A
CAUSE OF CANCER?**

AND HOW MUCH DO WE REALLY KNOW TODAY?

**LET ME BEGIN BY OBSERVING THAT THE FIRST REPORT BY DR.
TERRY**

**DID NOT INITIATE A RESEARCH PROGRAM LINKING SMOKING
WITH MAJOR DISEASE CONDITIONS. SUCH RESEARCH WAS
ALREADY GOING ON.**

MEDICAL CONCERN ABOUT SMOKING DID NOT POP OUT OF NOWHERE IN 1964. LONG BEFORE THAT THERE WAS A CORE OF CONCERNED PHYSICIANS, ESPECIALLY CONCERNED ABOUT THE CLEAR CONNECTIONS BETWEEN LUNG CANCER AND SMOKING IN THEIR MALE PATIENTS.

DR. TERRY'S REPORT GAVE NEW ENERGY AND NEW DIRECTION TO AN ALREADY IMPRESSIVE RESEARCH EFFORT.

IN FACT, AS OF 1964 THERE WERE 7,000 ARTICLES IN THE WORLD BIOMEDICAL LITERATURE DEALING WITH THE LINKAGE BETWEEN SMOKING AND HEALTH.

AFTER REVIEWING THOSE RESEARCH PAPERS, THE SURGEON GENERAL'S ADVISORY COMMITTEE CAME TO THE FOLLOWING CONCLUSIONS ABOUT CIGARETTE SMOKING IN 1964:

FIRST, THAT MEN WHO SMOKED HAD AN OVERALL HIGHER MORTALITY RATE THAN MEN WHO DID NOT SMOKE.

SECOND, THAT SMOKERS HAD INCREASED MORTALITY RATES FROM CORONARY HEART DISEASE, CEREBROVASCULAR DISEASE, AND OTHER CARDIOVASCULAR DISEASE CONDITIONS.

THIRD, THE ADVISORY COMMITTEE SAID CIGARETTES WERE A MAJOR CAUSE OF CHRONIC BRONCHITIS AND CONTRIBUTED TO THE HIGH MORTALITY RATE FOR EMPHYSEMA.

FOURTH, THE COMMITTEE SAID -- IN 1964, REMEMBER -- THAT CIGARETTE SMOKING WAS THE MAJOR CAUSE OF LUNG CANCER IN MEN AND MAYBE FOR WOMEN, ALSO.

FIFTH, THE COMMITTEE ALSO SAID THAT SMOKING WAS, AT THE VERY LEAST, A CONTRIBUTING CAUSE OF ESOPHAGEAL CANCER, BLADDER CANCER, AND PANCREATIC CANCER, AND THAT PIPE SMOKING CONTRIBUTED TO CANCER OF THE LIP AND THE ORAL CAVITY.

FINALLY, THE COMMITTEE CONCLUDED THAT "CIGARETTE SMOKING IS A HEALTH HAZARD OF SUFFICIENT IMPORTANCE IN THE UNITED STATES TO WARRANT APPROPRIATE REMEDIAL ACTION."

SUCH "APPROPRIATE REMEDIAL ACTION" WAS TAKEN ALMOST IMMEDIATELY. THE UNITED STATES CONGRESS SOON PASSED A LAW REQUIRING ALL CIGARETTE PACKAGES TO CARRY THE FOLLOWING MESSAGE:

"CAUTION: CIGARETTE SMOKING MAY BE HAZARDOUS TO YOUR HEALTH."

SIX YEARS AFTER THE RELEASE OF THE FIRST REPORT ON SMOKING AND HEALTH, THE CONGRESS ENACTED A SWEEPING LAW THAT BANNED CIGARETTE ADVERTISING FROM RADIO AND TELEVISION.

THE NEW LAW ALSO TOUGHENED UP THE HEALTH WARNING ON CIGARETTE PACKAGES. THE NEW LANGUAGE SAID...

"WARNING: THE SURGEON GENERAL HAS DETERMINED THAT

CIGARETTE SMOKING IS DANGEROUS TO YOUR HEALTH."

HOW DID THAT COME ABOUT?

BY 1970, WHEN THE NEW LAW WAS PASSED, THE ORIGINAL BASE OF 7,000 RESEARCH ARTICLES HAD ALMOST TRIPLED -- APPROXIMATELY 19,000 RESEARCH PAPERS WERE THEN IN THE INTERNATIONAL LITERATURE -- AND THE NEW MATERIAL WAS ALSO VIRTUALLY UNANIMOUS IN IDENTIFYING CIGARETTES AS THE MAJOR CAUSE OF MORBIDITY AND MORTALITY ACROSS A BROAD SPECTRUM OF DISEASE CONDITIONS.

**THE NEW INFORMATION NOT ONLY CONFIRMED THE FINDINGS
PUBLISHED IN 1964, BUT ALSO IT LINKED CIGARETTE SMOKING
TO PANCREATIC, GASTRIC, RENAL, AND CERVICAL CANCERS.
CIGARETTES WERE ALSO IDENTIFIED AS THE CHIEF CULPRIT IN
ATHEROSCLEROSIS ... IN PEPTIC ULCERS ... IN COMPLICATIONS
OF PREGNANCY ... IN INTERACTIONS WITH ALCOHOL AND
CERTAIN PRESCRIPTION DRUGS ... AND SO ON.**

IN OTHER WORDS, 6 OR 7 MORE YEARS OF RESEARCH DID NOT WEAKEN OR COMPROMISE THE EARLIER FINDINGS. IT MADE THEM ALL THE MORE FORMIDABLE.

BY THE TIME I ARRIVED IN WASHINGTON IN 1981 TO TAKE UP THE POSITION OF SURGEON GENERAL, THERE WERE NEARLY 50,000 PIECES OF PUBLISHED RESEARCH WORLDWIDE.

AND AGAIN, THE OVERWHELMING MAJORITY OF THAT RESEARCH ONLY STRENGTHENED THE PUBLIC'S CASE AGAINST SMOKING.

THE EVIDENCE AGAINST SMOKING BUILDS EVERY YEAR, AND THE AMERICAN PEOPLE ARE BELIEVING IT.

AS YOUR SURGEON GENERAL I RELEASED 8 ANNUAL REPORTS ON SMOKING. THEY HAVE DEALT WITH CANCER, CARDIOVASCULAR DISEASE, CANCER IN WOMEN, SMOKING IN THE WORKPLACE, CHRONIC OBSTRUCTIVE LUNG DISEASE, INVOLUNTARY SMOKING OR WHAT IS SOMETIMES CALLED "PASSIVE SMOKING," AND THE ADDICTIVE QUALITIES OF NICOTINE.

EACH ONE HAS ITS OWN SPECIFIC AND IMPRESSIVE DATA BASE.

TODAY, THE SMOKING-AND-HEALTH RESEARCH BASE IS STILL GROWING. NOW IT IS COMPRISED OF MORE THAN 60,000 PUBLISHED ARTICLES. AGAIN, THE VAST MAJORITY QUITE CLEARLY REINFORCES THE FACT THAT CIGARETTE SMOKING IS THE SINGLE MOST IMPORTANT FACTOR BEHIND ACUTE AND CHRONIC MORBIDITY AND PREMATURE MORTALITY AMONG ADULTS.

OR, IN OTHER WORDS, CIGARETTE SMOKING IS THE SINGLE MOST IMPORTANT REASON WHY AMERICANS GET SICK, THE SINGLE MOST IMPORTANT REASON WHY THEY DIE BEFORE THEY SHOULD.

**AS THIS RESEARCH BASE EXPANDED, SO DID OUR EFFORTS TO
EDUCATE THE PUBLIC ... TO GET THOSE WHO SMOKE, TO STOP ...
AND THOSE WHO DON'T SMOKE, TO NEVER START.**

**IN 1984, I WAS PERSONALLY SO CONVINCED BY THE DATA
ACCUMULATED THUS FAR THAT I CALLED UPON MY FELLOW
CITIZENS TO MAKE THE UNITED STATES A "SMOKE-FREE SOCIETY
BY THE YEAR 2000."**

WE'LL ACHIEVE THAT SMOKE-FREE SOCIETY BECAUSE WE WILL GRADUATE A CLASS FROM HIGH SCHOOL IN 2000 THAT WILL HAVE HAD 12 YEARS OF ANTI-SMOKING HEALTH MESSAGES. IT STARTED THE YEAR BEFORE LAST, IN THE FIRST GRADE. TEACHING CHILDREN THAT YOUNG WILL ENABLE US TO WIN.

THE SURGEON GENERAL'S REPORTS ON SMOKING AND THE WORKPLACE AND ON INVOLUNTARY SMOKING WORKED TOGETHER TO GIVE THE MILITANT ANTI-SMOKERS NEW AND POWERFUL WEAPONS.

**THE NONSMOKER WAS MERELY IRRITATED AT FIRST...THEN
BECAME ANNOYED...AND THEN TURNED MILITANT.**

**STUDIES INDICATING THAT PASSIVE SMOKING LED TO 46,000
DEATHS ANNUALLY (3,000 FROM LUNG CANCER, 11,000 FROM
OTHER CANCERS, 32,000 FROM HEART DISEASE) MADE THE NON-
SMOKER MILITANT ...AND SUCCESSFUL IN ACHIEVING CHANGES
IN SOCIAL CUSTOMS AND IN LOCAL AND STATE LAW.**

**AS OF MID-1988 MORE THAN 230 LOCAL COMMUNITIES HAD
ADOPTED REGULATIONS RESTRICTING SMOKING IN PUBLIC
PLACES, A THREE-FOLD INCREASE IN THREE YEARS.**

**A RECENT VICTORY IS THE AIRLINE SMOKING BAN THAT BECAME
EFFECTIVE LAST WINTER.**

**OF THE 16,000 DAILY FLIGHTS IN THE USA, ONLY 28 SLIP
THROUGH THE BAN, ALLOWING SMOKERS TO FOUL THE AIR.
AND NORTHWEST AIRLINES VOLUNTARILY KEEPS THE CABIN AIR
SMOKE-FREE ALL THE WAY TO HAWAII.**

**AND REMEMBER, LAST NOVEMBER A TOUGH LOCAL SMOKING
CONTROL ORDINANCE WAS APPROVED BY THE VOTERS IN
GREENSBORO, N.C. , IN SPITE OF HEAVY OPPOSITION BY
TOBACCO COMPANIES.**

**IF THE TOBACCO COMPANIES CAN BE BEATEN IN NORTH
CAROLINA, THEY CAN BE BEATEN ANYWHERE!**

SMOKING HABITS HAVE CHANGED.

IN 1964 OVER HALF OF ADULT AMERICANS SMOKED.

**WHEN I BECAME SURGEON GENERAL IN 1981, THE NUMBER HAD
DECLINED TO 33 PERCENT.**

**BETWEEN 1964 AND 1985 APPROXIMATELY THREE-QUARTERS OF A
MILLION SMOKING-RELATED DEATHS WERE AVOIDED OR
POSTPONED BY DECISIONS TO QUIT OR NOT TO START SMOKING.**

**EACH POSTPONED DEATH REPRESENTED AN AVERAGE GAIN OF 2
DECADES OF LIFE EXPECTANCY.**

**NEARLY HALF OF ALL LIVING ADULTS WHO HAVE EVER SMOKED
HAVE QUIT.**

**FIFTEEN YEARS AGO, AT MEDICAL MEETINGS, WHERE DOCTORS
SHOULD HAVE KNOWN BETTER, THE AIR WAS BLUE WITH SMOKE.**

NOW YOU RARELY SEE A PHYSICIAN SMOKE;

**FEW THINGS BRINGS ME AS MUCH SATISFACTION AS THE
DRAMATIC DECREASE IN SMOKERS DURING THE LAST 8 YEARS,
FROM 33 PERCENT TO 26 PERCENT.**

**AND IN MY FINAL YEAR IN OFFICE IT DROPPED ANOTHER 5
PERCENT.**

BUT THERE IS MORE TO DO.

THERE IS STILL PLENTY OF BAD NEWS.

**SMOKING IS STILL THE SINGLE MOST DEADLY "HABIT" ...
ASSOCIATED WITH HIGHER MORTALITY AND ILLNESS THAN
DRUGS, AUTOMOBILES, AND AIDS COMBINED.**

**ALL THE AIDS PATIENTS WHO HAVE DIED SINCE WE KNEW ABOUT
THE DISEASE, 8 YEARS, EQUALS THE SMOKING DEATHS OF ONLY
4 MONTHS.**

**THE NUMBERS OF DEATHS ANNUALLY ATTRIBUTABLE TO
SMOKING HAVE RISEN WITH EACH SURGEON GENERAL'S REPORT.**

**THE NEWEST STATISTICS, THE NEWEST STUDIES ARE GRIM.
THEY DOCUMENT CONCLUSIVELY THE CAUSAL RELATIONSHIP
BETWEEN SMOKING AND CANCER OF SEVERAL ORGANS.
SMOKING IS A CLEARLY ESTABLISHED CAUSE OF CANCER OF THE
LUNG, LARYNX, ORAL CAVITY, AND ESOPHAGUS.
SMOKING ELEVATES THE DEATH RATES FOR CANCERS OF THE
BLADDER, KIDNEY, PANCREAS, STOMACH, AND CERVIX.**

FURTHERMORE, PASSIVE OR INVOLUNTARY SMOKING HAS BEEN ESTABLISHED AS A CAUSE OF LUNG CANCER IN NON-SMOKERS. PIPE AND CIGAR SMOKERS SUFFER HIGHER RISKS --SOMETIMES EXCEEDING THE RISKS OF CIGARETTE SMOKERS-- FOR CANCER OF THE ORAL CAVITY, LARYNX, PHARYNX AND ESOPHAGUS.

THE DATA BASE FOR THESE CONCLUSIONS IS VOLUMINOUS AND UNASSAILABLE, TRACKING MORE THAN 2 MILLION INDIVIDUALS IN ALL 50 STATES.

THE EVIDENCE MAKES CLEAR THE INCREASED MORTALITY RISK FACTORS CAUSED BY SMOKING: MALE SMOKERS EXPERIENCE A 22-FOLD GREATER LUNG CANCER MORTALITY RISK THAN MALE NON-SMOKERS;

AMONG WOMEN SMOKERS THE LUNG CANCER RISK IS 12 TIMES GREATER.

FORMER SMOKERS ENJOY LOWERED MORTALITY RISKS, THOUGH NOT AS LOW AS NON-SMOKERS.

WHILE THE STUDIES REVEAL A DOUBLED LUNG CANCER RISK FOR MALE SMOKERS, AND A 4-FOLD INCREASE LUNG CANCER RISK FOR SMOKING FEMALES, THE LUNG CANCER MORTALITY RATE FOR NONSMOKERS REMAINED UNCHANGED FOR BOTH MEN AND WOMEN DURING THE YEARS COVERED BY THE STUDIES.

**THE TOTAL NUMBER OF SMOKING-RELATED CANCER DEATHS WE
CAN EXPECT IN 1990 WILL APPROACH 175,000.**

THIS AMOUNTS TO 35 PERCENT OF ALL CANCER DEATHS.

THESE, TRAGICALLY, ARE "EXCESS" OR PREMATURE DEATHS.

**THESE 175,000 DEATHS WOULD NOT BE EXPECTED THIS YEAR IF
TOBACCO USERS EXPERIENCED THE SAME DEATH RATES AS
THOSE WHO DO NOT USE TOBACCO.**

OF COURSE, CANCER IS NOT THE ONLY PROBLEM.

CIGARETTE SMOKING ALSO LEADS TO DEATH FROM CORONARY HEART DISEASE.

AND ALTHOUGH THE SMOKING-RELATED RISK FACTOR FOR CORONARY HEART DISEASE IS LOWER THAN THAT FOR CANCER, THE NUMBER OF SMOKING-RELATED CORONARY HEART DISEASE DEATHS IS LARGE SIMPLY BECAUSE CORONARY HEART DISEASE REMAINS THE GREATEST SINGLE CAUSE OF DEATH IN OUR SOCIETY.

SMOKING ACCOUNTS FOR ABOUT 21 PERCENT OF THOSE DEATHS.

HOWEVER, THIS DARK CLOUD HAS A SILVER LINING.

THE PRESENT CORONARY HEART DISEASE AGE-ADJUSTED DEATH RATE IS 50 PERCENT LOWER THAN IN THE 1960s; THE REDUCTION IN SMOKING IS A MAJOR FACTOR IN THIS DECLINE.

QUITTING SMOKING REDUCES MORE SIGNIFICANTLY THE RISK FOR CORONARY HEART DISEASE THAN THE RISK FOR LUNG CANCER.

FIVE OR TEN YEARS OFF CIGARETTES GIVES A RISK FACTOR SIMILAR TO THAT FOR THOSE WHO NEVER SMOKED.

THIS DECLINE HAS PROGRESSED TO THE POINT WHERE LUNG CANCER, NO LONGER CORONARY HEART DISEASE, IS THE SINGLE LARGEST CAUSE OF EXCESS MORTALITY AMONG AMERICAN SMOKERS.

CONTINUING OUR GOOD NEWS/BAD NEWS THEME, THAT GOOD NEWS --ABOUT LOWER RATES OF CORONARY HEART DISEASE BECAUSE PEOPLE HAVE STOPPED SMOKING-- IS FOLLOWED BY SOME NEW BAD NEWS, ESPECIALLY ABOUT WOMEN.

THE CONTINUING INCREASE IN LUNG CANCER AMONG WOMEN SMOKERS IS PARTICULARLY ALARMING BECAUSE THE MAGNITUDE OF THE RISK IS SURPRISING.

WOMEN BEGAN TO SMOKE IN GREAT NUMBERS ABOUT THREE DECADES LATER THAN MEN, SO WE ARE SEEING ONLY NOW THE CONSEQUENT INCREASE IN SMOKING-RELATED ILLNESS.

RECENT STUDIES REVEALED A DECLINE IN MORTALITY RATES FROM LUNG CANCER IN MALES UNDER 55, WHILE AMONG WOMEN THE RATE INCREASED BY 30 PERCENT.

LUNG CANCER HAS NOW SURPASSED BREAST CANCER AS A CAUSE OF DEATH IN WOMEN.

**WE MUST ENVISION A CATASTROPHIC EPIDEMIC OF LUNG
CANCER AMONG WOMEN IN COMING YEARS.**

THIS EPIDEMIC IS AS PREVENTABLE AS IT IS PREDICTABLE.

**DISCOURAGING STUDIES INDICATE THAT SMOKING IS ACTUALLY
INCREASING IN SOME SECTIONS OF THE FEMALE POPULATION,
AND THAT OVER-ALL SMOKING PREVALENCE AMONG WOMEN
MAY EXCEED THAT AMONG MEN WITHIN 5 YEARS.**

A FINAL CONCLUSION OF THE NEWEST RESEARCH IS THAT SMOKING A MAJOR CAUSE OF STROKE (CEREBROVASCULAR DISEASE).

WE ESTIMATE THAT SMOKING IS RESPONSIBLE FOR ABOUT HALF OF ALL STROKES OCCURRING IN PERSONS UNDER 65 YEARS OLD.

SO, EVEN THOUGH WE'VE MADE PROGRESS, AS A SOCIETY WE'RE STILL BURDENED WITH THE TREMENDOUS AMOUNT OF SUFFERING AND HARDSHIP THAT GOES ALONG WITH ALL THESE DEATHS...

THE PEOPLE OF AMERICA ARE STILL BURDENED WITH THE ECONOMICS OF SMOKING.

WE STILL HAVE TO COME UP WITH THE MONEY TO PAY THE ANNUAL SMOKING-AND-HEALTH BILL OF \$39 BILLION.

THAT'S FOR PERSONNEL AND MEDICAL TECHNOLOGY AND INSURANCE AND LOST WAGES...ALL THE REAL, BASIC COSTS LEVELLED AGAINST US ALL BY DISEASE AND DISABILITY.

**SOME 50 MILLION AMERICANS STILL SMOKE, SO OUR EDUCATION
CAMPAIGNS AND OUR SELF-HELP GROUPS MUST CONTINUE
THEIR GOOD WORK.**

**WE MUST GUARD AGAINST COMPLACENCY, AND INTENSIFY OUR
EFFORTS TO ELIMINATE THE GREATEST CAUSE OF PREVENTABLE
DISEASE AND DEATH AFFLICTING OUR SOCIETY.**

AND THE TOBACCO INDUSTRY HAS NOT GIVEN UP.

**I DOUBT THAT YOU CAN FIND A MORE HEAVY-HANDED, OBTUSE,
IMPOLITIC, AND UNTRUTHFUL GROUP OF CORPORATIONS IN
AMERICAN PRIVATE ENTERPRISE.**

**ALMOST FROM MY FIRST DAY IN OFFICE, THE INDUSTRY
REMINDED ME AGAIN AND AGAIN -- AND NOT VERY SUBTLY
EITHER -- THAT I OUGHT TO GET OFF MY ANTI-SMOKING "HOBBY-
HORSE," AS ONE TOBACCO LOBBYIST CALLED IT, AND PAY
ATTENTION TO OTHER, ALLEGEDLY MORE IMPORTANT PUBLIC
HEALTH MATTERS.**

**ECHOES OF THEIR COMPLAINTS WERE RELAYED TO ME FROM
THE WHITE HOUSE, THE CONGRESS, AND EVEN FROM MEMBERS
OF THE PRESS, WHO HAVE OFTEN BEEN THE GULLIBLE CARRIERS
OF THE INDUSTRY'S DISASTROUS MESSAGE.**

**I ALSO READ THEIR DECEPTIVE, FULL-PAGE ADVERTISEMENTS
THAT LIFTED MENDACITY AND HALF-TRUTHS TO A NEW AND
HIGHER LEVEL OF FAUSTIAN ART.**

**TO BE PERFECTLY HONEST, I DID NOT ASSUME THE POSITION OF
SURGEON GENERAL WITH THE CLEAR INTENTION OF BEING SO
PRO-ACTIVE AN OPPONENT OF TOBACCO AS I HAVE BEEN. BUT
THEN I BEGAN TO STUDY IN SOME DEPTH THE
INCONTROVERTIBLE TRUTHS ABOUT THE HEALTH HAZARDS OF
SMOKING.**

AND I MUST TELL YOU THAT I WAS AT FIRST DUMBFOUNDED AND THEN PLAINLY FURIOUS AT THE TOBACCO INDUSTRY FOR ATTEMPTING TO OBFUSCATE AND TRIVIALIZE THIS EXTRAORDINARILY IMPORTANT PUBLIC HEALTH INFORMATION.

HOW COULD THE TOBACCO INDUSTRY DARE TO DISMISS AS UNFOUNDED AND UNPROVEN THE ABSOLUTELY CLEAR CONNECTION BETWEEN SMOKING AND HEART DISEASE ... BETWEEN SMOKING AND DEATHS FROM STROKE ... BETWEEN SMOKING AND CANCER OF THE LUNG, THE MOUTH, THE ESOPHAGUS, AND OF THE STOMACH ... AND BETWEEN SMOKING AND A DOZEN OR MORE SERIOUS, DEBILITATING, EXHAUSTING, EXPENSIVE, AND HUMILIATING DISEASES?

HOW COULD THEY DARE TO DO THAT? I WONDERED.

THE ANSWER WAS ... THEY JUST DID.

**AND THEY FLAUNTED THEIR ABILITY TO BUY THEIR WAY INTO
THE MARKETPLACE OF IDEAS AND POLLUTE IT WITH THEIR
FALSE AND DEADLY INFORMATION.**

**REPRESENTATIVES OF THE TOBACCO INTERESTS ARE STILL
WHINING THAT THE WORD "ADDICTION" IS INAPPROPRIATELY
APPLIED TO SMOKING BECAUSE IT MAKES TOBACCO SEEM LIKE
HARD DRUGS.**

THEY KNOW THAT IT IS ADDICTIVE LIKE HARD DRUGS.

THEY ARE AS SLEAZY AS EVER.

**THE 1988 SURGEON GENERAL'S REPORT OFFERED IRREFUTABLE
EVIDENCE THAT NICOTINE HAD ALL THE ATTRIBUTES OF AN
ADDICTIVE DRUG ... IN OTHER WORDS, CONSTANT SMOKING WAS
CLINICALLY AN ADDICTION.**

POPULAR FOLKLORE HAD PREDICTED SCIENCE:

**FOR A LONG TIME PEOPLE HAD TALKED ABOUT GETTING
"HOOKED" -- AS THE SAYING GOES -- ON CIGARETTES, AS THEY
GET "HOOKED" ON HEROIN, COCAINE, MARIJUANA, AND
ALCOHOL.**

**THE ADDICTION REPORT PRESENTS CONVINCING EVIDENCE THAT
THE PHARMACOLOGIC AND BEHAVIORAL PROCESSES THAT
DETERMINE TOBACCO (NICOTINE) ADDICTION ARE SIMILAR TO
THOSE PROCESSES THAT MAKE COCAINE AND HEROIN
ADDICTIVE.**

**THE DEFINITIONS USED IN THAT REPORT ARE NOT MINE.
THEY ARE NOT IN ANY SENSE ARBITRARY.
TOBACCO IS AN ADDICTIVE DRUG, ACCORDING TO THE
STANDARD DEFINITION OF DRUG ADDICTION ADOPTED BY THE
WORLD HEALTH ORGANIZATION, THE AMERICAN PSYCHIATRIC
ASSOCIATION, AND THE A.M.A.**

IN OTHER WORDS...

- * TOBACCO IS A "MOOD-ALTERING" SUBSTANCE ...**
- * SMOKERS ARE COMPULSIVE IN THEIR USE OF TOBACCO ...**
- * TOBACCO REWARDS THE USER -- IT IS, THEREFORE, A
"REINFORCING" SUBSTANCE ...**
- * SMOKERS BUILD UP A TOLERANCE TO NICOTINE AND, FROM
TIME TO TIME, WILL REQUIRE HIGHER DOSE LEVELS TO
GET THEIR NICOTINE "HIGH" ...**

- * PHYSICAL DEPENDENCE CAN OCCUR, WHICH MEANS A
WITHDRAWAL SYNDROME FOR THOSE WHO QUIT ...**
- * AND -- AS WITH HEROIN, COCAINE, AND OTHER ADDICTIVE
DRUGS -- THE USER WILL VERY LIKELY RELAPSE AND
RETURN TO THE USE OF THE DRUG.**

**I FEEL VERY STRONGLY THAT THE PEOPLE OF AMERICA NEED TO
BE WARNED REPEATEDLY ABOUT THE ADDICTIVE NATURE OF
TOBACCO. AND THE NON-SMOKERS NEED TO DO ALL THEY CAN --
WITH COMPASSION AND UNDERSTANDING-- TO GET THE
SMOKERS TO STOP.**

NOW, LET'S TALK SPECIFICALLY ABOUT WHAT WE CAN DO, first of all to clean up the air at the worksite, to use the worksite to help those americans addicted to nicotine to break the habit... for their health and for the health of the people who work with them.

^{740E}
Of the many programs to reduce smoking, ~~ones~~ at the worksite offer ~~among~~ the strongest possibilities because of the number of hours per day people spend at work, and because of the opportunities for positive reinforcement by fellow workers.



There is a right way --and many wrong ways-- to establish a smoking policy at the worksite..... or really we mean a no-smoking policy.

First, give people plenty of time and plenty of involvement.

Announce the plan a long time in advance.

Appoint a committee of smokers and nonsmokers to implement the plan, expect them to meet frequently, and give them strong and frequent support from the top.

The charge to the committee should not be to decide whether or not ~~do~~ we have a smoking POLICY, BUT HOW SHOULD WE HAVE A SmOKING POLICY --a non-smoking policy.

Once a company has decided to have a smoking policy, the next questions, of course, are "~~Where~~?", and "~~When~~".

I'll tell you the best answers, and the easiest answers to those questions:

"nowhere!" and "never!"

It's much easier to have no smoking than to have a some smoking or even a little smoking.

Those companies that restricted smoking instead of a banning smoking have regretted it, and many of them have gone to a ban.

Only a total ban really achieves the health benefits.

It is difficult to keep smokers and non-smokers apart in a worksite situation, and the surgeon general's ^{on ETS} report confirmed that keeping them apart in the same airspace, even at other ends of a large room, does not protect the nonsmoker from the ill-effects, the deadly effects, of tobacco smoke.

Technological solutions like changing the ventilation are usually both cost-prohibitive and ONLY partially effective.

**PEOPLE WHO RUN A BUSINESS CAN SIT DOWN WITH THEIR
EMPLOYEES AND SET A TIME-TABLE TO MAKE THE WORKSITE
SMOKE-FREE. THEY SHOULDN'T WORRY ABOUT THE IMPACT ON
BUSINESS. ONLY GOOD THINGS WILL HAPPEN.**

Little things can mean a lot. when northwest pacific bell began its smoking ban, the company president announced that outside the doors, beyond the smoke-free air of the worksite, there would be coffee and danish, so those who felt they had to have a morning cigarette with coffee and danish still could.

Smoking bans can be emotional issues, and ceo's should be ready for a few nasty letters either signed or anonymous. Later, more often than not, the people who wrote the letters end up among the strongest supporters of the non-smoking program.

One of the most helpful tactics has been to offer to any employee and member of immediate the employee's household enrollment in any anti-smoking program THEY CHOOSE: physician consultation, the seventh-day adventist cessation program, the american lung program, hypnosis, acupuncture, whatever. these are all helpful crutches during the transition from smoking to non sMoking. and its much easier to quit if family smokers quit with you.

Northwest pacific bell said this cost less than \$160 per employee, and it

added real benefits for morale.

That's important. ~~Keep~~ morale high. ~~Make~~ it a team effort, with no exceptions. People with private offices cannot be allowed to break the ban. bans must be universal, and they must be enforced.

Most executives institute smoking bans out of purely altruistic, health-centered motivation. but they discover good news on the bottom line.

ABOUT TEN YEARS AGO MR. WILBUR MCPHERSON, THE OWNER OF RADAR ELECTRIC CO. OF SEATTLE DECIDED TO RID HIS BUSINESS OF SMOKERS. HE KNEW THAT SMOKERS WERE LESS EFFICIENT, LOST MORE TIME IN ABSENTEEISM, COST MORE IN HEALTH BENEFITS.

SO HE SIMPLY SAID, "NO SMOKING".

MOST OF HIS SMOKING EMPLOYEES QUIT SMOKING.

Like other firms that ban smoking, he saw a dramatic drop in absenteeism..

Accidents also were cut sharply (3 of 4 accidents involve smokers)

MAINTENANCE COSTS DROPPED, as cleaning became much easier and as the damage to furniture and carpets from burning cigarettes and matches came to an end.

Fire insurance cost went down, as did workmen's compensation.
and **PRODUCTIVITY WENT UP.**

YOU ALL PROBABLY KNOW THE SUCCESS STORY OF THE NON-SMOKERS INN, LOCATED IN DALLAS, ON THE WAY INTO TOWN FROM THE DALLAS-FORT WORTH AIRPORT.

ALTHOUGH SCOFFERS PREDICTED BANKRUPTCY FOR A NON-SMOKERS INN, WITHIN SIX WEEKS THE OWNER USED ONLY BLACK INK.

THE SUPPORTING FIGURES SHOW WHY.

BUSINESS ECONOMISTS HAVE CALCULATED THAT A SMOKING EMPLOYEE COSTS A FIRM ABOUT \$4,600 PER YEAR MORE THAN A NON-SMOKING WORKER.

AND THE SAVINGS ON MAINTENANCE, CLEANING, ETC. CAN AMOUNT TO 41 PERCENT A YEAR.

Above all, one of the most rapidly rising business expenses --healthcare costs-- actually go down when the worksite goes smoke-free. and that's good for all of us.

THOSE OF US IN THE ANTI-SMOKING MOVEMENT, THOSE WHO ARE DOING ALL THEY CAN IN CESSATION PROGRAMS SEE THE YEAR 2000 IS A GOAL FOR MANY OF US.

I first called for a smoke-free society by the year 2000 when i spoke IN 1984 AT THE MEETING OF THE AMERICAN LUNG ASSOCIATION AND THE AMERICAN THORACIC SOCIETY IN MIAMI.

BACK THEN, ONLY 6 YEARS AGO, A SMOKE-FREE SOCIETY BY THE YEAR 2000 SEEMED LIKE A RADICAL IDEA.

I EVEN TOOK THE PRECAUTIONARY STEP OF HAVING MY SPEECH TYPED OUTSIDE OF GOVERNMENT OFFICES, AND OF AVOIDING THE NORMAL CLEARANCE PROCESS, SO CERTAIN WAS I THAT SOME OFFICIAL BEHOLDEN TO THE TOBACCO INTERESTS WOULD ATTEMPT TO SNUFF OUT THE IDEA.

**BUT NOW IT IS VERY MUCH AN IDEA WHOSE TIME HAS COME.
AND WE HAVE A DECADE --JUST ENOUGH TIME TO SEE IT
HAPPEN,
JUST ENOUGH TIME TO MAKE IT HAPPEN.
AND YOU ARE PEOPLE WHO CAN MAKE IT HAPPEN.**

WHEN I FIRST CALLED FOR A SMOKE-FREE SOCIETY BY 2000, I SAID VERY CLEARLY THAT I WASN'T PROPOSING ANOTHER GOVERNMENT PROGRAM. THIS WAS NOT GOING TO BE A PUBLIC HEALTH SERVICE INITIATIVE...NOR WAS THIS GOING TO BE ANOTHER PET PROJECT OF THE U.S. SURGEON GENERAL.

INSTEAD, I RAISED THE IDEA AS A CALL...A CALL FROM THE SURGEON GENERAL TO THE PEOPLE OF THIS COUNTRY.

YOU MAY RECALL THAT I DESIGNATED CERTAIN GROUPS TO DO CERTAIN THINGS: THE BOY SCOUTS, THE CAMPFIRE GIRLS, RESPIRATORY THERAPISTS, THE COALITION ON SMOKING OR HEALTH.

IN THE YEARS SINCE, EACH GROUP HAS RESPONDED, AND RESPONDED GENEROUSLY.

**now, MY CALL FOR A SMOKE-FREE SOCIETY BY THE YEAR 2000 HAS
BEEN MATCHED BY THE NATIONAL CANCER INSTITUTE'S CALL
FOR A 50 PERCENT REDUCTION IN CANCER MORTALITY RATES BY
THE TURN OF THE CENTURY.**

WE ARE ALREADY IN THE 1990s, SO WE HAVE A LOT TO DO, FAST.

NOW FOR SOME GOOD NEWS.

**THE AIM OF OUR EDUCATIONAL EFFORTS HAS CHANGED
RECENTLY.**

**FOR THE LAST 25 YEARS WE HAVE TRIED TO CONVINCE
AMERICANS TO STOP SMOKING --AND NEVER TO START.**

**NOW WE KNOW THAT MOST SMOKERS --PERHAPS AS HIGH AS 90
PERCENT-- WANT TO STOP.**

THEY DON'T NEED CONVINCING.

THEY NEED HELP IN SMOKING CESSATION.

**SINCE 1982 THE NATIONAL CANCER INSTITUTE'S SMOKING,
TOBACCO, AND CANCER PROGRAM HAS FOCUSED ITS RESEARCH
ON METHODS OF INTERVENTION:**

AMONG THEM ARE:

-SCHOOL-BASED PREVENTION:

**WE KNOW THAT THE AVERAGE AGE FOR THE INITIAL SMOKING
EXPERIENCE GETS LOWER EACH YEAR. ANTI-SMOKING
EDUCATION MUST BEGIN IN THE ELEMENTARY GRADES.**

-SELF-HELP METHODS:

**SEVERAL NATIONAL MAGAZINES RECENTLY HAVE HIGHLIGHTED
THESE UNIQUELY AMERICAN INSTITUTIONS.**

THE ADDICTED SMOKERS NEED TO QUIT THEMSELVES.

BUT IT CAN TAKE ABOUT 5 TIMES TO QUIT, SO THEY NEED HELP.

THEY CAN GET IT IN

-COMMUNITY INTERVENTIONS:

**AMONG THE MOST PROMISING ARE THOSE OF COMMIT
(COMMUNITY INTERVENTION TRIAL FOR SMOKING CESSATION).**

**THIS IS A MULTI-FACETED EFFORT BASED ON 11 COMMUNITIES
IN THE USA AND CANADA, USING EXISTING COMMUNITY
ORGANIZATIONS LIKE ORKSITE GROUPS, HEALTHCARE
FACILITIES, CIVIC GROUPS, LOCAL MEDIA, AND SCHOOLS.**

ALL THESE GROUPS COOPERATE IN CESSATION EFFORTS AIMED ESPECIALLY AT PEOPLE WHO SMOKE 25 OR MORE CIGARETTES A DAY, THOSE WITH THE GREATEST CANCER RISK, THOSE WHO HAVE THE TOUGHEST TIME QUITTING.

THE IDEA IS TO SURROUND THEM, EVERYWHERE THEY GO, WITH REMINDERS --AND ASSISTANCE-- TO TAKE CHARGE OF THEIR LIVES BY CEASING TO SMOKE.

**COMMIT ALSO URGES PHYSICIANS TO ASSUME THEIR NATURAL
ROLE AS COMMUNITY LEADERS BY BECOMING PART OF THE
LOCAL MEDIA.**

**COMMIT CALLS PHYSICIANS TO BECOME "SMOKING CONTROL
MEDIA ADVOCATES".**

**COMMIT SPOKESMEN ASSERT THAT DOCTORS NEED TO APPEAR
ON TV, ESPECIALLY LOCAL TV, TO CARRY THE ANTI-SMOKING
MESSAGE, TO URGE PEOPLE TO QUIT.**

PEOPLE BELIEVE DOCS ON TV.

**(REMEMBER HOW WHEN ROBERT YOUNG TOOK THE JOB OF
PLUGGING SANKA, MOST AMERICANS THOUGHT IT WAS DR.
WELBY, AND THEY PAID ATTENTION.)**

**TELEVISION AND RADIO ARE WHAT SHAPE THE AMERICAN MIND.
SMOKING ADS MAY HAVE LEFT THE AIRWAYS, BUT AGGRESSIVE
ANTI-SMOKING MESSAGES NEED TO TAKE THEIR PLACE.**

**MEDIA ADVOCACY IS ACTIVIST, SURMOUNTING THE THRESHOLD
OF MEDIA RESISTANCE OR INDIFFERENCE, SURMOUNTING THE
OBSTACLES OF PHYSICIAN RELUCTANCE OR INDIFFERENCE.**

**THE NATIONAL CANCER INSTITUTE ASSIST PROGRAM --
AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER
PREVENTION-- FOCUSES ON COMMUNITY-BASED COALITIONS
DEALING WITH ENTIRE STATES OR LARGE METROPOLITAN
AREAS.**

**THESE CENTERS ARE FUNDED IN EXCESS OF \$100 MILLION TO
ENSURE A SUSTAINED IMPACT ON THE LIVES OF MORE THAN 50
MILLION AMERICANS.**

**ASSIST AMOUNTS TO THE LARGEST INTERVENTION EFFORT EVER
UNDERTAKEN BY AN AGENCY OF THE US PUBLIC HEALTH
SERVICE.**

**THERE IS HELP OUT THERE FOR THE SMOKER WHO WANTS TO
STOP.**

AND FINALLY,

-PHYSICIAN/DENTIST INTERVENTIONS.

**THAT LAST-MENTIONED METHOD SHOULD BE OF SPECIAL
INTEREST TO ALL THE PHYSICIANS HERE THIS MORNING.
WE KNOW THAT NOTHING IS AS EFFECTIVE IN STOPPING
SMOKING AS WHEN A DOCTOR LOOKS A PATIENT STRAIGHT IN
THE EYE AND SAYS,**

**"IF YOU CONTINUE TO SMOKE, YOU'RE GOING TO KILL
YOURSELF. YOU NEED TO STOP....NOW."**

THAT CAN WORK WHEN ALL ELSE SEEMS TO FAIL.

**THERE ARE NEW METHODS TO ASSIST QUITTERS, RANGING FROM
AVERSION THERAPY USING ELECTRIC SHOCKS TO
EXPERIMENTAL PHARMACEUTICAL AGENTS.**

BUT, STILL, 85 PERCENT OF THOSE WHO QUIT. . .JUST DO IT!

**I CALL UPON THE PHYSICIANS WHO ARE HERE TODAY TO CARRY
THAT MESSAGE TO EACH OF YOUR PATIENTS WHO STILL SMOKE.**

**FINALLY, THERE ARE A NUMBER OF PUBLIC POLICY ISSUES THAT
DEMAND OUR RESOLUTE ATTENTION AND ACTION.**

ONE OF THEM IS CIGARETTE ADVERTISING.

THE ADS HAVE GONE FROM TELEVISION, THANK GOD, --

**ALTHOUGH THEY ARE SNEAKING BACK THROUGH VIDEOS-- BUT
CIGARETTE ADVERTISING STILL ASSAULTS OUR SOCIETY IN
PRINT AND BILLBOARDS.**

**THE TOBACCO INDUSTRY SPENDS \$4,000 PER MINUTE ON
PROMOTION (\$2.5 BILLION A YEAR)**

**ONLY THE GROTESQUE ECONOMIC POWER OF THE
INTERNATIONAL TOBACCO COMPANIES CAN SUSTAIN THIS
OUTRAGE, AS THEY USE ECONOMIC BLACKMAIL TO INTIMIDATE
PUBLISHERS AND GOVERNMENTS.**

**I AM PARTICULARLY DISTURBED BY CIGARETTE ADVERTISING
THAT TARGETS VULNERABLE GROUPS WITHIN OUR POPULATION:
YOUNG PEOPLE, WOMEN, AND MINORITIES.**

**CIGARETTE FIRMS MANIPULATE MINORITIES, WOMEN, AND
YOUNG PEOPLE BECAUSE THESE PEOPLE HAVE THE STRONGEST
ASPIRATIONS TO CHANGE THEIR STATUS.**

**SO THESE ADS ASSOCIATE SMOKING WITH MAKING IT...
IN THE WHITE, OR ANGLO, OR MALE, OR ADULT WORLD.**

**THEY ASSOCIATE SMOKING WITH A HIGHER ECONOMIC STATUS
(WHEN REALLY HIGHER INCOME GROUPS ARE NOW SMOKING
LESS).**

WE KNOW THAT THOSE WITH MORE EDUCATION TEND TO QUIT MORE READILY. "THE MORE YOU KNOW, THE LESS YOU SMOKE." BUT TOBACCO ADVERTISERS ASSOCIATE SMOKING --CONTRARY TO ALL EVIDENCE-- WITH ROBUST ACTIVITY, ATHLETICS, SOCIAL ACCEPTABILITY, SUCCESS, OUTDOOR LEISURE, AND EVEN GOOD HEALTH.

**ONE OF THE MORE OUTRAGEOUS ADVERTISING GIMMICKS IS
ONE CIGARETTE COMPANY'S "ALIVE WITH PLEASURE" THEME.
THIS IS CLEARLY AN EFFORT TO UNDERMINE THE SURGEON
GENERAL'S WARNING ON EACH PACK.
TRUTH IN ADVERTISING SHOULD REQUIRE, NOT "ALIVE WITH
PLEASURE", BUT "DYING IN AGONY".**

**IN THE ADVERTISING WARS YOU HEAR A LOT ABOUT PROOF.
THE TOBACCO COMPANIES SAY THAT IT HAS NOT BEEN PROVEN
THAT ADVERTISING INCREASES CIGARETTE SMOKING.
OF COURSE, THE COMPLEXITY OF THIS ISSUE OF HUMAN
BEHAVIOR WILL PROBABLY PRECLUDE THE ESTABLISHMENT OF A
SCIENTIFIC PROOF OF A CAUSAL LINK.
BUT TO MY MIND THE BURDEN OF PROOF SHOULD BE ON THE
TOBACCO INDUSTRY TO SHOW THAT ADVERTISING DOES NOT
INCREASE CONSUMPTION OF A PRODUCT THAT WE KNOW LEADS
TO DEATH WHEN USED AS INTENDED.**

IN THE 1850s JOHN SNOW ENDED THE CHOLERA EPIDEMIC IN LONDON BY REMOVING THE HANDLE OF THE BROAD STREET WATER PUMP, 30 YEARS BEFORE THE BACTERIUM CAUSING CHOLERA WAS DISCOVERED.

FORTUNATELY HE DID NOT NEED TO CONTEND WITH A CHOLERA INSTITUTE THAT DEMANDED THE PUMP KEEP WORKING UNTIL IT WAS PROVED THAT WATER FROM THE PUMP WAS CAUSING THE CHOLERA.

AT THIS POINT THE CIGARETTE COMPANIES TROT OUT THE OLD LINE THAT THEIR ADVERTISING IS INTENDED ONLY TO ENFORCE BRAND LOYALTY, AND TO GET CONSUMERS TO SWITCH TO THEIR BRAND.

NO ONE REALLY BELIEVES THAT.

BRAND CHANGERS FORM ONLY A TINY FRACTION OF THE MARKET.

THE REAL PURPOSE OF CIGARETTE ADVERTISING TO IS HOLD ON TO THOSE SMOKERS ALREADY HOOKED --ADDICTED-- AND TO ATTRACT NEW ONES.

IT WORKS.

**RECENT STUDIES CONFIRM THAT INCREASED ADVERTISING
BRINGS ABOUT A HIGHER DEMAND FOR CIGARETTES IN
GENERAL, NOT JUST FOR THE BRANDS ADVERTISED.**

**WE KNOW ADVERTISING IS EFFECTIVE, AND THEY KNOW IT IS
EFFECTIVE, BECAUSE OF THE BRIEF EXPERIENCE WITH COUNTER-
ADVERTISING IN THE 1960s.**

**EARLY IN THE DEBATE ABOUT CIGARETTE ADVERTISING ON TV,
THE PUBLIC HEALTH SERVICE RECEIVED EQUAL TIME FOR
COUNTER-ADVERTISING ABOUT THE HEALTH PROBLEMS CAUSED
BY CIGARETTE SMOKING.**

**THE RESULTS WERE SO DEVASTATING TO THE TOBACCO
INDUSTRY, THAT THE CIGARETTE FIRMS DECIDED THEY WOULD
RATHER HAVE NO ADVERTISING AT ALL ON TV, RATHER THAN
HAVE THE TRUE EFFECTS OF SMOKING BROUGHT BEFORE
AMERICAN VIEWERS.**

**(I WILL ADD PARENTHETICALLY THAT WE ARE NOW AT ABOUT
THE SAME STAGE WITH ALCOHOL ADVERTISING NOW.**

**FOR THE SAKE OF THE AMERICAN PEOPLE, LETS HOPE WE CAN
MOVE EVEN FASTER TO RESTRICT ADVERTISING FOR THIS OTHER
ADDICTIVE DRUG.)**

**IN CALLING FOR RESTRICTIONS ON CIGARETTE ADVERTISING I
STAND ON COMMON SENSE AND PROVEN HEALTH STUDIES.
I DON'T NEED TO HIDE BEHIND THE FIRST AMENDMENT.
I DON'T NEED TO USE OUR CONSTITUTION AS A SMOKE SCREEN.
AND THE "FREE SPEECH" ARGUMENT USED BY TOBACCO
ADVERTISERS IS A SMOKE SCREEN.**

**YOU DON'T SEE THESE PEOPLE OUT IN FRONT ON OTHER FIRST
AMENDMENT ISSUES.**

FREE SPEECH HAS NEVER BEEN AN UNLIMITED RIGHT:

WE ALL KNOW YOU CAN'T YELL "FIRE" IN A CROWDED THEATRE.

**FREE SPEECH CANNOT INJURE THE COMMON WELFARE TO SERVE
THE COMMERCIAL INTERESTS OF A FEW.**

**THE FIRST AMENDMENT WAS NOT INTENDED TO ALLOW LIES TO
BE FOISTED ON THE PUBLIC.**

MOST CIGARETTE ADVERTISING IS LIES.

**IT ASSOCIATES WITH ROMANCE, GLAMOUR, ATHLETICS, SUCCESS
SUBSTANCES WHICH INSTEAD LEAD TO DISABILITY AND DEATH.**

**FIRST AMENDMENT PROTECTION IS NOT EXTENDED TO SPEECH
ENCOURAGING ILLEGAL ACTIVITY.**

**TOBACCO ADVERTISERS DEPEND UPON REACHING YOUNG
PEOPLE.**

**MOST OF THOSE WHO SMOKE BEGAN BEFORE THEY WERE
TWENTY, OR EVEN 15.**

**IN OTHER WORDS, THE CONTINUED STRENGTH OF THE TOBACCO
MARKET DEPENDS ON THOSE TO WHOM THE PRODUCTS CANNOT
BE LEGALLY SOLD.**

**THEREFORE, RESTRICTIONS ON TOBACCO ADVERTISING MEET
THE CONSTITUTIONAL TEST IN AT LEAST TWO WAYS:**

**1. IT IS APPROPRIATE TO BAN COMMERCIAL SPEECH THAT IS
MISLEADING OR FRAUDULENT.**

AND

**2. IT IS APPROPRIATE TO BAN COMMERCIAL SPEECH
RELATED TO ILLEGAL ACTIVITY.**

**FOR ALL THEIR TALK ABOUT "FREEDOM", TOBACCO INTERESTS
ARE GREAT ENEMIES OF FREEDOM.**

**FAR FROM BELIEVING IN FREE SPEECH, TOBACCO ADVERTISERS
USE THEIR ECONOMIC CLOUT TO FORCE PUBLISHERS NOT TO
PRINT ARTICLES ABOUT THE REAL CONSEQUENCES OF SMOKING.**

**CIGARETTE ADVERTISING, FAR FROM ALLOWING FREE CHOICE,
ACTUALLY UNDERMINES FREE CHOICE.**

NICOTINE ADDICTS DO NOT ENJOY FREE CHOICE.

**FINALLY, LET'S BE UP-FRONT ABOUT THE SPECIAL CHALLENGE
FACING TOBACCO ADVERTISERS:**

**MOST PEOPLE WHO USE THEIR PRODUCT WOULD RATHER NOT
USE IT.**

AS MANY AS 90% WISH TO QUIT.

**MANY TOUGH IT OUT, BREAK THEIR ADDICTION, AND SUCCEED IN
QUITTING.**

**THE ADVERTISERS NEED TO REPLENISH THE DIMINISHING
SUPPLY OF TOBACCO USERS:**

REMEMBER THOSE 1,000 SMOKERS WHO DIE EVERY DAY.

MEANWHILE, ADVERTISERS RECRUIT MORE VICTIMS.

**WE MUST ALSO CONCERN OURSELVES WITH THE EXPORT OF
TOBACCO PRODUCTS.**

**I DO NOT BELIEVE THE UNITED STATES WILL EVER AGAIN BE A
GOOD MARKET FOR TOBACCO PRODUCTS.**

THE CURVE IS GOING DOWN AND ACCELERATING.

**BUT IF WE HAVE BEATEN THE CIGARETTE INDUSTRY ON ITS OWN
HOME TURF WE'VE DRIVEN THEM TO SCOUR THE REST OF THE
EARTH FOR NEW VICTIMS.**

THE TOBACCO INDUSTRY -- AS YOU ALL KNOW, I AM SURE -- HAS TARGETED THE LESS DEVELOPED AND DEVELOPING COUNTRIES OF THE WORLD AS THEIR MOST PROMISING MARKETS FOR THE 1990s.

IT IS THE HEIGHT OF HYPOCRISY FOR THE UNITED STATES, IN OUR WAR AGAINST DRUGS, TO DEMAND THAT FOREIGN NATIONS TAKE STEPS TO STOP THE EXPORT OF COCAINE TO OUR COUNTRY WHILE AT THE SAME TIME WE EXPORT NICOTINE, A DRUG JUST AS ADDICTIVE AS COCAINE, TO THE REST OF THE WORLD.

AND we need to TAKE ON THE TOBACCO COMPANIES IN OUR OWN COMMUNITIES.

A GOOD PLACE TO START IS THE VENDING MACHINES. vending machines should be taken from smoke-free working sites, or course, and they should be banned outright because of the way they HOOK OUR KIDS ON CIGARETTES.

HERE IS ANOTHER EXAMPLE OF THE CODDLED CIGARETTE COMPANIES.

IT IS ILLEGAL TO SELL BOTH ALCOHOL AND CIGARETTES TO MINORS. THAT IS BECAUSE ALCOHOL AND NICOTINE ARE THE TWO MAJOR LEGAL ADDICTING DRUGS IN OUR SOCIETY. WE WOULD NEVER TOLERATE SELLING ALCOHOLIC BEVERAGES IN VENDING MACHINES, BUT SOMEHOW WE TOLERATE CIGARETTE VENDING MACHINES.

LOOK AT THE LAWS DEALING WITH SELLING CIGARETTES TO MINORS.

OUR NATION'S CAPITAL, WITH ALL THE HOOPLA ABOUT FIGHTING DRUGS, CAN FINE AN OFFENDING MERCHANT WHO SELLS CIGARETTES TO A MINOR ONLY \$2. ACROSS THE POTOMAC, IN VIRGINIA, THE FINE GOES ALL THE WAY TO \$25. IT'S A PITIFUL TESTIMONY TO OUR CRIMINAL TOLERATION OF SELLING CIGARETTES TO MINORS.

**YET, GETTING A KID ADDICTED TO NICOTINE SEEMS TO BE ONE
OF THE MOST CERTAIN WAYS TO CUT SHORT A PROMISING LIFE.**

**THE CIGARETTE VENDING MACHINES SHOULD BE THE NEXT
TARGET IN THE CRUSADE AGAINST SMOKING.**

I MAY HAVE HUNG UP THE UNIFORM OF THE SURGEON GENERAL,

BUT I HAVEN'T RETIRED FROM THE FIGHT AGAINST SMOKING.

TOGETHER, WE'RE GOING TO WIN IT.

THANK YOU.

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SPEECH

PARKVIEW HOSPITAL

FORT WAYNE, IN

OCTOBER 11, 1990

C. EVERETT KOOP, MD